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2021	

	<b>, 99</b>	N	Return of Organization Exempt F	rom l	ncoi	me Tax	<b>(</b>	OMB No 1545-0047		
For			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (e:	xcent r	nvate fou	ndations	2019		
•	January	•	▶ Do not enter social security numbers on this form				. ^ ^	Open to Public		
		the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and	-			1911	Inspection		
A	For the	2019 calen	dar year, or tax year beginning , 2019,	, and end	ing		· · · · ·	, 20		
В	Check if	applicable	C Name of organization VIDEO VERACITY, INC				D Emplo	oyer identification number		
	Address	change	Doing business as					72-1246350		
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address)	)	Room/s	suite	E Teleph	none number		
	Initial retu	ım	3020 ROYAL ST					504-948-0008		
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code							
님	Amended		NEW ORLEANS, LA 70117		<u> </u>			receipts \$ 712,628 42 or subordinates? Yes V No		
Ш	Application	on pending	F Name and address of principal officer TIMOTHY WATSON 3020 ROYAL ST, NEW ORLEANS, LA 70117	n				es included? Yes No		
_	Tax-exen	npt status	501(c)(3)	or 1 527	<del></del> -			st (see instructions)		
J		▶ videove				I(c) Group e				
ĸ	Form of o	rganization 🗸	Corporation ☐ Trust ☐ Association ☐ Other ► L	Year of forn	mation	1993	M State	of legal domicile LA		
:P	art I	Summa	ry							
	1	Briefly des	cribe the organization's mission or most significant activitie	es Suppo	ort and	encourag	e the cr	eation and distribution		
၁င		of independ	dent educational documentary programming not traditionally s	supported	d by co	mmercial	fınancın	g, for regional, national,		
'na			tional audiences via film festivals, broadcasts, cablecasts, stre							
Ve	1		box ► ☐ if the organization discontinued its operations or	r dispose	ed of m	nore than	1 1	its net assets		
Ğ			voting members of the governing body (Part VI, line 1a).	VI bood	h)	•	3	4		
es Se	1		independent voting members of the governing body (Part ber of individuals employed in calendar year 2019 (Part V, Iii		0)		5	4		
Activities & Governance	1		per of individuals employed in calendar year 2019 (Fart V, in	ine zaj		• •	6	20		
Act	1		ated business revenue from Part VIII, column (C), line 12				7a	0		
			ted business taxable income from Form 990-T, line 39				7b	0		
						Prior Yea		Current Year		
ψ	8									
Revenue	1	-	ervice revenue (Part VIII, line 2g) .		<u> </u>					
ě	10 Investment income (Part VIII, column (A), lines 3 4, and 7d)									
_	1		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-					
			ue—add lines 8 through 11 (must equal Part VIII, column (A),	, line 12)	+-		605.97	712,628 42		
	1		I similar amounts paid (Part IX, column (A), lines 1–3) . aid to or for members (Part IX, column (A), line 4)			235	,770 27	695,944 23		
rv.	1		her compensation, employee benefits (Part IX, column (A), line	es 510)				<del></del>		
Expenses	1		al fundraising fees (Part IX, column (A), line 11e)	,						
ía Ch	1		aising expenses (Part IX, column (D), line 25)					, ,		
ŵ	17	Other expe	enses (Part IX, column (A), lines 11a-11d, 11f-24e)			5	,835 70	16,684 19		
	18	Total expe	nses Add lines 13-17 (must equal Part IX, column (A), line 2	25)		241	,605.97	712,628 42		
		Revenue le	ess expenses Subtract line 18 from line 12				0	0		
Net Assets or Fund Balances		<b>.</b>	(5)		Begin	ning of Curr		End of Year		
Sset Bala	20		rs (Part X, line 16) .		ļ		,039.86	340.925 65		
vet ∕	21		ties (Part X, line 26) or fund balances Subtract line 21 from line 20		-	70	,039 86 0	340,925 65 0		
15	rt II		re Block		1		<u></u>			
		<u></u>	I declare that I have examined this :eturn_including accompanying schedu	ules and sta	atement	s, and to the	best of m	ny knowledge and belief, it is		
tru	e, correct,	and complete	e Declaration of preparer (other than officer) is based on all information of w	which prepa	arer has	any knowled	lge	4-4		
			Init! 1). WHE				15	1/2 2020		
Siç	·	Signatu	ire of officer that P. Watson Presida	*		Date	d	/ 0		
He	re			<u></u>				<del></del>		
		<del>',                                    </del>	r print name and tille	Т	Date	<del> </del>		7 .f PTIN		
Pa	id	Printrype	preparer's name Preparer's signature	!	Date		Check L self-emp	<sup>1</sup> "		
	eparei	1 F			——	Firm's	EIN ▶	<u></u>		
Us	e Only	Firm's add				Phone				
Ma	y the IR		this return with the preparer shown above? (see instruction	s)		1		. 🗌 Yes 🗌 No		
			ion Act Notice, see the separate instructions.		E-C	EZM /-		Form <b>990</b> (2019)		
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			13	ਹੈ। ਹ	111 6			1 - 11-7		
			7	-L 31	UL 2	4 2020		Ť		
			1	0	J C		<u> </u>			
					<b>3DE</b>	NIIT	(O)			

	90 (2019)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	🗹
<del></del>	Briefly describe the organization's mission	· <u>LT</u>
•	Support and encourage the creation and distribution of independent educational documentary programming not traditionally	
	supported by commercial financing, for regional, national, and international audiences via film festivals, broadcasts,	
1	cablecasts, streaming, and other means of distribution	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	[7] No.
	If "Yes," describe these new services on Schedule O	E) 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	✓ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measurements. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 712,628.42 including grants of \$ 695,944.23) (Revenue \$	_)
	Please see details on Schedule O	
		*****
		•••••
4b	(Code) (Expenses \$including grants of \$) (Revenue \$	)
		••••
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
40	(Code) (Expenses \$including grants of \$) (Revenue \$	/
		······
		,
4d	Other program services (Describe on Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	<del></del>
4e	Total program service expenses ► 695,944 23	

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Part				uge (
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<b>√</b>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<b>✓</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

If "Yes," complete Schedule G, Part III . . . Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

20a 20b

21

Part	Checklist of Required Schedules (Continued)	_		<del>,</del> .
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22	✓_	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
<b>.</b>	through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<b>✓</b>
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>/</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV".	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		✓
34 35a	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	✓	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
فو	Catavitha number reported in Poy 2 of Ferra 1000 Catavi 0 if not earlier his		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the appropriate approximation complete with backure with backur	1 '		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	$\overline{}$	سفادعت

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			200							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,										
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓							
b	If "Yes," enter the name of the foreign country ▶			12.50							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>							
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
Ou.	organization solicit any contributions that were not tax deductible as charitable contributions? .	6a		✓							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or										
U	gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	7	TO ST								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods										
a	and services provided to the payor?	7a		1							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was										
C	required to file Form 8282?	7c		1							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	AMEDOK IIX	<b>/</b>							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1							
g .	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
h j	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1000							
٠.	sponsoring organization have excess business holdings at any time during the year?	8									
9 ,	Sponsoring organizations maintaining donor advised funds.	2.7		200							
	Did the sponsoring organization make any taxable distributions under section 4966? .	9a									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
¥4.	Section 501(c)(7) organizations. Enter.			<b>47.89</b>							
,	Initiation fees and capital contributions included on Part VIII, line 12										
	Gross receipts, included on Form 990 Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter										
а	Gross income from members or shareholders										
b	Gross income from other sources (Do not net amounts due or paid to other sources										
_	against amounts due or received from them )										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		TANK THE								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>							
	Note: See the instructions for additional information the organization must report on Schedule O	1									
b	Enter the amount of reserves the organization is required to maintain by the states in which										
	the organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand		經驗	X							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
-	excess parachute payment(s) during the year?	15		✓							
	If "Yes," see instructions and file Form 4720, Schedule N										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		✓							
	If "Yes," complete Form 4720, Schedule O	線線	の	烈湖							

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc	
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 1a	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			400
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		\ \ \
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a_		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Transcov.	<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	
9 .	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	- d- 1	✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Ť
` 11a.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
. 5	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	SARALL.	1
- 7	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official .	15a		✓
b	Other officers or key employees of the organization .	15b	OE SS	<b>✓</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	1001		L
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or, 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (Sec	tion 5	501(c)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)			•
`19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	▶	
	TIMOTHY WATSON, 3020 ROYAL ST., NEW ORLEANS, LA 70117			

Dago	- 4

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated	<b>Employees</b> ,	, and
	Independent Contractors						

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

✓ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee
(A) Name and title	(B) Average hours	box,	unles	Pos neck is pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee Key employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Tim Watson, President	4			/				o	σ	0
(2) Rebecca Snedeker, officer	0.5			1				0	0	0
(3) .Amy Nesbitt, officer	<del>†</del>			✓				0	0	0
(4) Aimee Toledano, officer	0.5			<b>✓</b>				0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emj	plo	yee	s, ar	nd H	lighest Compe	nsated	<u>Emplo</u>	yees (c	ontinued,
						C)							
	(A)	(B)	(do n	ot ch		mor	e than	one	(D)	(E)		1	(F)
	Name and title	Average hours	box,	unles	s pe	erson	ıs botl	n an	Reportable compensation	Report compen			ed amount other
		per week	⊢—			$\overline{}$	tor/trus	<del></del>	from the	from re	lated	comp	ensation
		(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	뺡	Former	organization	organiza (W-2/1099		1	m the zation and
		hours for related	rect à	Ē	ĕ	eg ,	loye est	<u>ಥ</u>	(W-2/1099-MISC)	(00-2/1098	)-IVII3C)		rganizations
		organizations	Q E	ňa		ğ	° °						_
		dotted line)	ste	trus		ee	Pen						
		dotted iii.io,	_ n	tee .			Highest compensated employee						
(15)					├-	├	<u> </u>						
113/		†	1				1						
(16)			-		<del>                                     </del>								
33.32		†	1										
(17)				·									
3		†	İ			1							
(18)													
3		1	1										
(19)													
33	•••••	T	1										
(20)													
(21)			[								ļ		
							ļ						
(22)											ļ		
			ļ				<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
(23)											1		
			ļ		_	<u> </u>	<u> </u>	ļ					
(24)													
					<u> </u>			<u> </u>					
(25)													
			L					Ļ					
1b	Subtotal	\( \( \) \(	A			•			0		0		
ر د	Total from continuation sheets to Part	vii, Secuo	n A										0
d	Total (add lines 1b and 1c)  Total number of individuals (including but	not limitos	1 40 46		lini	-04	abaw.	2) 101	be received mor	a than \$1	00 000		
2	reportable compensation from the organi		1 10 111	ose	ıısı	.ea	above	e) W	no received mon	e man pr	00,000	Oi	
	reportable compensation from the organi	Zalijii										- 1	Yes No
_	Did the organization list any former of	officer dire	otor	+	cto	- L		mnl	ovee or bighes	t compa	nested		
3	employee on line 1a? If "Yes," complete s							шрі	oyee, or riighes	it compe	nsateu	3	
4	For any individual listed on line 1a, is the							n a	nd other compe	nsation fr	om the		3.4
4	organization and related organizations	greater the	an \$1	50.	000	17 /	f "Ye	s."	complete Sched	dule J fo	r such		36 16
	individual .	<b>3</b>		,								4	1
5	Did any person listed on line 1a receive of	r accrue co	mper	nsat	tion	froi	m anv	/ un	related organizat	ion or inc	dividual		
•	for services rendered to the organization	If "Yes," c	ompl	ete .	Sch	iedu	ıle J f	or s	such person .			5	<b>/</b>
Secti	on B. Independent Contractors												
1	Complete this table for your five high	nest compe	ensate	ed i	ınde	eper	ndent	СО	ntractors that r	eceived	more 1	than \$1	00,000 of
	compensation from the organization Repo	ort compen	sation	ı for	the	ca	lenda	r ye	ar ending with or	within the	e organ	ization's	tax year
	(A)								(B)			(C)	
	Name and business add	ress							Description of serv	rices		Compensa	tion
								<u> </u>					
2	Total number of independent contractor							th th	iose listed abov	e) who	·		
	received more than \$100,000 of compens	ation from t	he or	gan	ızat	on l	<u> </u>			l	1		

Par	t VIII	Statement of Re			_					-
		Check if Schedule	O co	ntains a r	espor	nse or note to a	ny line in this Pa	art VIII		[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaig	ns	•	1a				1000	THE SETTING
ran	b	Membership dues			1b					
Q, E	С	Fundraising events			1c					
ifts ar A	d	Related organizatio			1d			942000		
", E	е	Government grants			1e	110,000 0				
is is	f	All other contribution			l					
k ti		and similar amounts n	-		1f	602,628 4				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribute	ons in	icluded in	١.	<u></u>				
No.	١.	lines 1a-1f			1g					
	h h	Total. Add lines 1a-	-11	<del>-</del> -		. D	712,628.42		THE STREET STREET	AND SAME ADDRESS.
ġ.	2a					Business Code	30405242492393, Ballet	340000000000000000000000000000000000000	7421213435	CALL ACCORDED SERVE
Š	1 .						<del> </del>	<del> </del>	<u></u>	<del> </del>
gram Ser Revenue	C									
E	ď					-	<del> </del>			
Program Service Revenue	e	***************************************					<del></del>			
õ	f	All other program se	ervice	revenue						
_	g	Total. Add lines 2a-				<b>P</b>	<del></del>	140 C THE 15 C TH		1400
	3	Investment income		udına dıvı	dends	s. interest, and			Hand Hall	
		other similar amoun				<b>&gt;</b>				
	4	Income from investr	nent o	of tax-exen	npt bo	nd proceeds ▶				
	5	Royalties				. ▶				
	1	(		(ı) Rea	ıl	(ii) Personal	12 22 23			13414
-	} 6a	Gross rents .	6a							
	<sup>id</sup> b	Less rental expenses	6b							
	С	Rental income or (loss)								4.450
	, d	Net <sup>(</sup> rental income o	r (loss	<u>s)</u> .	<u> </u>	. D	<u> </u>			
	. 7a	Gross amount from		(i) Securi	ties	(II) Other				
	7.	sales of assets	ļ							
,	1200 M	other than inventory	7a							7.0
ë	⅓ b	Less cost or other basis	C							
ē		and sales expenses	7b					**************************************		
Other Revenue	°.	Gain or (loss)	7с				######################################	Alberta Care	162 35 12 6 4 2 5	CASSIONAL TRANSPORT
ē	d	Net gain or (loss)			·	<b>_</b>	Mark Process Co.	SACES IN PROPERTY	2/0911 E1En 1905-6019/00940	AND STATEMENT OF S
돌	8a	Gross income from		ndraising	ļ					
		events (not including of contributions rep		d on line						
		1c) See Part IV, line			8a					
	b	Less direct expens		•	8b					
	c	Net income or (loss)		fundraisin		nts 🕨	AREA CARLON OF STATE OF STATE		OVER THE ON WHEN SHEET STATES	ABB-MARCON STATISTICS
	9a	Gross income f			9 50			25 25 25 25 25	News and a	nedenia (
	34	activities See Part I			9a					
	ь	Less direct expense			9b					Moral Control
	c	Net income or (loss)		gaming ag		es Þ	at and the value New Address.	200000000000000000000000000000000000000	4 214 02 1240 BY AV - 100 BY GET	CENTRAL COMPANY STORE AND ASS
		Gross sales of in		-				73274		
	''	returns and allowan		,,	10a					
	b	Less cost of goods	sold		10b		10.00			
	С	Net income or (loss)		sales of in		ry 🕨				
ω		<del></del>		-		Business Code		A 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Miscellaneous Revenue	11a									
ant	b									
scellaned Revenue	С									
is R	d	d All other revenue .								
≥ .	е	Total. Add lines 11a				. ▶		建筑物的	MAKE PERMANA	VIEW BETTER
_	40	Total revenue Coo	·note:			<u> </u>	740 000 40	ı l		

Part IX: Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp			must complete col	umn (A)
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	522,555 11			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	173,389.12			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals See Part IV, lines 15 and 16			RUT SEED IS SEEN AS NO SEED	
4	Benefits paid to or for members .			44.6	7% V 22 5 8 5 8 7 3 1
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (nonemployees)				,
а	Management .	14,653.19			
b	Legal .	ļ			
c.	Accounting	1,900 00			
d,	Lobbying		Accede to 61000. To appear to the way the set	LINESE JANE HOW HOLD TO SANCTURE TO	
e.!	Professional fundraising services See Part IV, line 17		All The Name of Street		
f <sup>~</sup>	Investment management fees				
.9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 ,	Advertising and promotion	66 00			
13 '	Office expenses .			,	
14	Information technology .				
15 ,	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered	and the last them to			2019535434
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column		100		
	(A) amount, list line 24e expenses on Schedule O)				\$50,000 BEECH (\$10.00 BEECH)(\$10.00 BEECH (\$10.00 BEECH)(\$10.00 BEECH (\$10.00 BEECH (\$
а	state corporation fee	15.00			
b	postage and delivery	25 00			
C	printing and reproduction	25.00			
d					<del></del>
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	712,628 42			
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	n 990 (20		··· · · · · · · · · · · · · · · · · ·		Page I I
ZI.	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pa	art Y		П
		Check if Schedule O Contains a response of note to any line in this ra	(A) Beginning of year	<del></del>	(B) End of year
	1	Cash - non-interest-bearing	70,039.86	1	340,925.65
	2,	Savings and temporary cash investments .		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 .		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	70,039.86	16	340,925 65
	17	Accounts payable and accrued expenses	70,039.86	17	11,504 87
	18	Grants payable .		18	329,420 78
	19	Deferred revenue		19	
4	20	Tax-exempt bond liabilities .		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
逗	. ,	controlled entity or family member of any of these persons .		22	
=======================================	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
•	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	70,039.86		340,925 65
ces	20	Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.	70,039.86		340,923 03
an	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions .		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
٥٢.	20	·		29	AND
ţ	29	Capital stock or trust principal, or current funds .		30	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	10	31	2 (9)
ğ	31	Total net assets or fund balances .	7000	32	1/40/20
Met	32 33		140-1	33	BURNOC
	သ	Total liabilities and net assets/fund balances	<u> </u>	3	

Form 9	90 (2019)			Page	e 12
Par		-			_
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10			
Par	XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990  Cash  Accrual Other				
	. If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	piled or			
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C-	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight of	1		
ř	, the audit, review, or compilation of its financial statements and selection of an independent accountan	ıt?	2c		
	· If the organization changed either its oversight process or selection process during the tax year, exp	olain on	24		
	Schedule O				
За,	As a result of a federal award, was the organization required to undergo an audit or audits as set forter	h in the	i		
	Single Audit Act and OMB Circular A-133?		3a		✓_
	If "Yes," did the organization undergo the required audit or audits? If the organization did not unde				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits	3b	L	
			Form <sup>9</sup>	<b>990</b> (2	2019)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

Employer identification number

VIDEO VERACITY, INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E)

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Secu	on A. Public Support	<del>,</del>						
	idar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees							
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise	158,135	413,663	550,423	241,606	712,628	2,076,455	
_	sold or services performed, or facilities							
	furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an			-				
	unrelated trade or business under section 513	ļ						
4	Tax revenues levied for the							
	organization's benefit and either paid to		ļ					
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge.							
6	Total. Add lines 1 through 5.	450 425	442.662	550 400	044.505	740 500	0.075.455	
7a	Amounts included on lines 1, 2, and 3	158,135	413,663	550,423	241,606	712,628	2,076,455	
	received from disqualified persons		!			1		
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000					ì		
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b .	negative and some and some	orton divinitation of	ACCOUNT OF THE PARTY OF THE	And with the second	AND STORY AND		
	Public support. (Subtract line 7c from line 6)						1,746	
	on B. Total Support	TO THE REAL PROPERTY.	SECRECAL PROPERTY.	A STATE OF THE PARTY OF THE PAR	Mario Zarebara	19396657,615943666646°	DIT	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	158,135		550,423		712,628	2,076,455	
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on						·	
12	Other income Do not include gain or							
	loss from the sale of capital assets (Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,				-			
10	and 12)	158,135	413,663	550,423	241,606	712,628	2,076,455	
14	First five years. If the Form 990 is for th							
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Section	on C. Computation of Public Suppor				•			
15	Public support percentage for 2019 (line 8			3, column (f))	•	15	100 %	
16	Public support percentage from 2018 Sch					16	100 %	
	on D. Computation of Investment Inc			v line 12 col···	mn (fl)	17	0.04	
17 18	Investment income percentage for <b>2019</b> (Investment income percentage from <b>2018</b>			y ime 13, colui	11(1 (1))	17	0 %	
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2019. If the organi			on line 14. an	id line 15 is mo			
	17 is not more than 331/3%, check this box							
b	331/3% support tests-2018. If the organiz		_			_		
	line 18 is not more than 331/3%, check this t							
20	Private foundation. If the organization die	d not check a l	oox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions 🕨 🗌	

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.urs.gov/Form990 for the latest information.

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OMB No 1545-0047

Employer identification number

72-1246350

VIDEO	VIDEO VERACITY, INC	72-1246350
Part	Part I. General Information on Grants and Assistance	
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and
	the selection criteria used to award the grants or assistance?	. Yes No
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part	Fair II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	answered "Yes" on Form 990,
	Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	

Schedule I (Form 990) (2019)		Cat No 50055P	O		ns for Form 990.	see the Instruction	For Paperwork Reduction Act Notice, see the Instructions for Fo
0 6	-		ine 1 table	tions listed in the	vernment organizat d in the line 1 table	i 501(c)(3) and go rganizations liste	<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> </ul>
							(12)
							(11)
		<b>3.</b> .					(10)
produce documentary film				12,250.00		27-4482006	96 Peachtree Circle, Atl, GA 30309
				_			(9) TRUE MOVEMENT PROD LLC
produce documentary film				384,294.90		20-1115749	(8) SERENDIPITY FILMS, 1736 STOCKTON ST., STE 3, SFCA 94133
produce documentary film				8,034.60		81-0935611	(7) SPIRIT TIDE LLC, 7901 Belfast St , NO , LA 70125
produce doc. audio project				9,800.00		82-1888530	(6) LEN AND FLO PROD LLC, 1028 MONTEGUT ST, N.O., LA 70117
produce documentary film				39,200 00		13-4048123	(5) CATALYST FILMS INC, 68 Jay St., Suite 304, Brooklyn, NY 11201
produce documentary film				11,053.50		83-2114737	(4) ROLEPLAY LLC, 1408 DITMAS AVE, BROOKLYN, NY 11226
produce documentary film				47,302.80		81-1549192	(3) SMILESTYLE LLC, 8020 Highland Road, Baton Rge, LA 70808
produce documentary film				5,139.20		84-2149504	(2) Lida Drucilla LLC, 734 Lesseps.  New Orleans, LA 70117
produce documentary film				5,480 11		47-5684799	(1) BUCK IT LLC, 3020 ROYAL ST. NEW ORLEANS, LA 70117
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	y recipient triat	1 (a) Name and address of organization or government
	space is needed	ated it additional	II can be dublica	nan to, non. ran	received more tr	y recipient that	Fart IV, line 21, for any recipient that received more than \$5,000. Part II can be dublicated it additional space is needed

Schedule t (Fo	schedule I (Form 990) (2019)	
Part III	<b>Grants and Other Assist</b>	1
	Part III can be duplicated if additional space is needed.	

י מו ניון כמון כם מקטויסמנים וו מממוויסוומן פלמסס	- open o record	_			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 To assist in production of documentary films;	43	173,389.12			
2 expenses here went directly to production					
3 and post-production expenses such as					
4 camera and sound crew, and editing staff,					
5 and to distribution costs					
9					
7					
Part W Supplemental Information. Provide the info	the information re	equired in Part I line	9 2. Part III column	ormation required in Part I line 2: Part III column (b): and any other additional information	onal information

Expenditures incurred by grantees are verified to be sure they are appropriate and used for the specific projects approved and sponsored by Video Veracity, in accordance with its status.

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# **SCHEDULE O** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization VIDEO VERACITY INC

Employer identification number

72-1246350

Form 990, Part III, Line 4a
Video Veracity made regrants to these non-profit educational documentary film & television projects (and film support & distribution groups)
that will or are collectively reaching audiences numbering in the hundreds of thousands, or in some cases millions, via film festivals,
broadcasts, cablecasts, online streaming & other distribution, disc-based distribution, classroom exhibition, and theatrical showings.
· Buckjumping. a film on dance traditions in New Orleans, received 5,480.11 and continued in distribution
° I Appear To Be A Problem, a film on New Orleans musicians, received 5,139.20 and continued in production
° My Ascension, a film on sulcide prevention, received 47,302 80 and continued in production.
° The New Orleans Concerto, a restoration of historical footage of New Orleans classical music performances, received 2,394.70.
° Roleplay, a film on college students, received 11,053.50 and continued in production.
° Satana, a documentary film in development, received 39,200 00 and continued in production.
° This Little Light, a film on LGBTQ issues, received 490 67 and continued in distribution
· Unprisoned, an audio documentary series on imprisonment, received 9,800 00 and continued in production and distribution
· City of a Million Dreams, a film on New Orleans funeral traditions over the past 300 years, received 8,034 60 and continued in production
• The Claiborne Avenue history project, a documentary on one of New Orleans' famous largely African-American business and residential
corridors that was highly affected by construction of Interstate 10 in the 1960s, received 2,740.58 and continued in production
• Free For All, a film and transmedia project on the history and importance of public libraries nationwide, received 385,568 31 and
continued in production and post-production.
° Give Light, a film on midwives, received 95 50 and continued in production.
Mossville, on a disappearing former enslaved community in Western Louisiana, received 176,030.15 and continued in prod and distribution.
• The New Orleans International Human Rights Film Fest received 639 78 and continued in exhibiting/distributing documentary films
Other films and projects received 1,974.33 and continued in production and distribution.
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CONTINUED ON PAGE 2

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
VIDEO VERACITY INC	72-1246350
Other projects did not receive direct financial support in 2019, but continued to receive technical assistan	ce, advisory services, and other
production support from Video Veracity, Inc. as production and distribution continued. They include:	
· Allen Toussaint: The Songwriter Tapes, a documentary on songwriter/producer Toussaint, filmed from 1	980-2004
· Bayou Maharajah, a film on legendary New Orleans genius piano player and teacher James Booker	
Many other earlier documentary projects continued with successful distribution in 2019	
many other earner documentary projects continued with succession distribution in 2013	
· Remaining 2019 income of 16,684 19 covered administrative and other expenses.	
Form 990, Part VI, Section B, Line 11b: Copies of the 990 are available to the governing body.	
Form 990, Part VI, Section C, Line 19. All documents are available to the public upon request	
END OF SCHEDULE O	
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